

## CORRECTIONS TO THE ORGANIZATIONAL TABLE AND MANAGEMENT REPORTING ROSTER

Current Listing Run Date \_\_\_\_\_  
CORRECTED LISTING (Use additional pages as needed)

### HEADQUARTERS DATA

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State \_\_\_\_\_  
ZIP Code \_\_\_\_\_  
Telephone: \_\_\_\_\_

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### MANAGER PERSONAL DATA

Honorific (circle)                      Ms.   Mr.   Dr.  
First Name, and/or Initials: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Academic Title Used (If Any): \_\_\_\_\_  
Organization Title: \_\_\_\_\_

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### REPORTING HIERARCHY

Primary Unit Name                      -      Cost Center (Provider Number):

\_\_\_\_\_

Subordinate Unit Names      -      Cost Center (Provider Number):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Superior Unit Name                      -      Cost Center (Provider Number):

\_\_\_\_\_

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### NATURE OF AND REASON FOR CHANGE

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\_\_\_\_\_

\_\_\_\_\_

### REVIEWED AND APPROVED:

Manager Name, Title \_\_\_\_\_  
Date: \_\_\_\_\_